

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 05/30/01, 06/20/01, and 07/18/01.
- b. The request was received on 03/11/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs-1500
 - c. TWCC 62 forms
 - d. EOB Reimbursement data from other carriers
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to the Request for Medical Dispute
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/28/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/02/02. The response from the insurance carrier was received in the Division on 07/16/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: 06/14/02
“The technical portion of the Injection is documented (76499 27, 22-fluoroscopic guidance) ‘Under intermittent C-arm fluoroscopic guidance’ and the (76499-27 Epiduragraphy) is documented both in procedure report as ‘AP and lateral spot filming was performed’ also Epiduragram is noted under **Observations.** This documentation substantiates and indicates service provided.”
2. Respondent: Letter dated 07/15/02
“The Provider’s request for medical dispute resolution was received by TWCC on June 24, 2002, therefore, the 5/30/2001 DOS and 6/20/2001 DOS are more than one year past the DOS....With respect to the 76499-27 charges, it is clear that these charges are not billed in accordance with the 1996 MFG. Much of the documentation submitted indicates that, according to the 1996 MFG, these charges should be billed under another CPT code, and yet no correction has been made to this billing. These 76499 charges have been properly reimbursed in accordance with the 1996 MFG.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review 05/30/01, 06/20/01, and 07/18/01.
2. The denial codes listed are:
“G – UNBUNDLING INCLUDED IN ANOTHER BILLED PROCEDURE FACILITY FEE”;
“F – FEE GUIDELINE MAR REDUCTION INCLUDED IN ANOTHER BILLED PROCEDURE”;
“D – DENIAL AFTER RECONSIDERATION G – UNBUNDLING RE-EVALUATION NO ADDITIONAL RECOMMENDED ALLOWANCE INCLUDED IN ANOTHER PROCEDURE”;
“F – FEE GUIDELINE MAR REDUCTION”;
“D – DENIAL AFTER RECONSIDERATION G – UNBUNDLING RE-EVALUATION INCLUDED IN ANOTHER BILLED PROCEDURE NO ADDITIONAL RECOMMENDED ALLOWANCE”
3. Per the provider’s revised Table of Disputed Services received 02/13/03, the amount billed is \$1,050.00; the amount paid is \$0.00; the amount in dispute is \$264.00.
4. The following table identifies the disputed services and Medical Review Division's rationale.

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
05/30/01 06/20/01 07/18/01	76499-27-22 for all DOS	\$350.00 \$350.00 \$350.00	\$0.00 for all DOS	G,F,D	DOP	MFG, GI (I) (A&B) & (III), CPT & modifier descriptors, TWCC Advisory 97-01	The provider asserts that the correct CPT code to be used best describes the procedure performed is CPT code 76005, but the code is not listed in the 1996 MFG. Therefore, the provider used CPT code 76499, a DOP procedure. The 76499 CPT code descriptor states, "Unlisted radiologic procedure." The provider is billing for fluoroscopic guidance (fluoroscopy). The MFG GI (1) (A) states, "... (TWCC) has incorporated usage of the... (AMA's) 1995... (CPT) codes." The MFG has CPT code 76000 which has the descriptor of "Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg. cardiac fluoroscopy)." The CPT code 76000 is sufficiently descriptive of the procedure performed and the MAR value of 76000-27-22 is \$88.00. Reimbursement in the amount of \$264.00 is recommended. (\$88.00 x 3 = \$264.00)
Totals		\$1,050.00	\$264.00				The Requestor is entitled to reimbursement in the amount of \$264.00..

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$264.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 19th day of February 2003.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm